

# DECLARATION OF HOMESTEAD

Check one if applicable -  OVER 62 years of age or  disabled\*

I \_\_\_\_\_

owning and residing at \_\_\_\_\_  
(Street Address)

in the town of \_\_\_\_\_

recorded at the Registry of Deeds in Book \_\_\_\_\_ Page \_\_\_\_\_

or as Certificate of Title # \_\_\_\_\_ Deed document # \_\_\_\_\_ (if recorded in the Land Court Dept.)

in the County of \_\_\_\_\_

and Commonwealth of Massachusetts, as a householder and having a family and being entitled to an Estate of Homestead in the land and buildings hereinafter described do hereby declare that I own and am possessed and occupy said premises as my principal residence and Homestead under the provisions of Massachusetts General Laws, Chapter 188, Section 1 or 1A, as amended, to wit:

(\*NOTE: "Disabled" applicants means physically or mentally disabled and because of such disability, not able to engage in substantial gainful employment as is evidenced by the attached certification, i.e. the original or a certified copy of the award letter issued by the United States Social Security Administration, or a letter signed by a licensed physician registered with the Massachusetts Board of Registration in Medicine.)

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

## COMMONWEALTH OF MASSACHUSETTS

On this \_\_\_ day of \_\_\_\_\_ 20\_\_, before me, personally appeared \_\_\_\_\_,

\_\_\_\_\_ and proved to me through satisfactory evidence of identification, which

were \_\_\_\_\_, to be the person whose name is signed on the preceding or

attached documents, and acknowledged me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public (seal)

My commission expires:

After recording return to: \_\_\_\_\_  
\_\_\_\_\_